



REQUEST FOR pH RE-EVALUATION COVER LETTER



Food and Drug Branch
Cannery Program
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
(916) 650-6500

Requestor: Complete Items 1-7 only, then forward to University of California Laboratory for Research in Food Preservation (UCLRFP) at the address below.

Your request must include the "Request for pH Re-Evaluation" form and a check in the amount of \$60 for each product to be re-evaluated in order to be processed.

1. Name of Firm or Individual / DBA			
2. Requestor's Address (number, street)			
3. City	State	Zip Code	4. Telephone
5. Product Name / Description		6. S-Number	
7. Date Product Submitted to Laboratory			
DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY			
Fee Received: <input type="checkbox"/> Date: _____ Amount: _____ Re-Evaluation Request form Received <input type="checkbox"/>			
Product Status with Lab: Received <input type="checkbox"/> Tested <input type="checkbox"/> Results Provided <input type="checkbox"/>			
Letter Completed / Sent: <input type="checkbox"/> Date: _____			

MAKE CHECKS PAYABLE TO: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

MAIL FORMS AND CHECK WITH PRODUCTS TO:

University of California Laboratory for Research in Food Preservation (UCLRFP)
6665 Amador Plaza Road Suite 207
Dublin, CA 94568